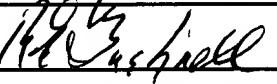
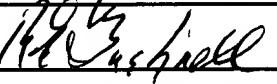
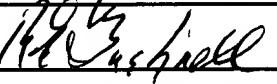


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL		Complete If Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td colspan="4" style="text-align: right;">09/685,138</td> </tr> <tr> <td>Filing Date</td> <td colspan="4" style="text-align: right;">11 October 2000</td> </tr> <tr> <td>First Named Inventor</td> <td colspan="4" style="text-align: right;">JU-HEON LEE</td> </tr> <tr> <td>Examiner Name</td> <td colspan="4" style="text-align: right;">HUYNH, KIM NGOC</td> </tr> <tr> <td>Group/Art Unit</td> <td colspan="4" style="text-align: right;">2182</td> </tr> </table>					Application Number	09/685,138				Filing Date	11 October 2000				First Named Inventor	JU-HEON LEE				Examiner Name	HUYNH, KIM NGOC				Group/Art Unit	2182																																																																																																																																																																																																																																		
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Bushnell, Esq.</td> <td style="text-align: center;">Reg. Number</td> <td style="text-align: center;">27,774</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2" style="text-align: center;"></td> <td style="text-align: center;">Date</td> <td colspan="2" style="text-align: center;">28 March 2006</td> </tr> <tr> <td colspan="2">Deposit Account User ID</td> <td colspan="5"></td> </tr> </tbody></table>	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	MISCELLANEOUS							1801	\$790	2801	\$395	Request for continued examination (RCE)		\$ 790.00	1806	\$180			Submission of an IDS		\$ 180.00	1814	\$130	2814	\$65	Statutory disclaimer		\$	8021	\$40			Recordation of assignment per property		\$	TRADEMARK							6001/7001			\$335	Application for registration, per class		\$	6002/7002			\$100	Amendment to Allege Use, per class		\$	6003/7003			\$100	Statement of Use, per class		\$	6004/7004			\$150	Request for six-month extension of time, per class		\$	6205/7205			\$100	\$8 affidavit, per class		\$	6208/7208			\$200	\$15 affidavit, per class		\$	6201/7201			\$400	Application for renewal, per class		\$	6403/7403			\$100	Ex parte appeal, per class		\$	PETITION							1251	120	2251	60	Extension for reply within first month		\$	1252	450	2252	225	Extension for reply within second month		\$	1253	1020	2253	510	Extension for reply within third month		\$	1254	1590	2254	795	Extension for reply within fourth month		\$	1255	2160	2255	1080	Extension for reply within fifth month		\$	APPEAL							1401	500	2401	250	Notice of Appeal		\$	1402	500	2402	250	Filing a brief in support of an appeal		\$	1403	1000	2403	500	Request for oral hearing		\$	CLAIMS							1201	200	2201	100	Independent claims in excess of 3		\$	1202	50	2202	25	claims in excess of 20		\$	Other Fee (specify)				Other Fee (specify)		\$	Other Fee (specify)				Other Fee (specify)		\$	Other Fee (specify)				Other Fee (specify)		\$	SUBTOTAL: LEFT COLUMN		\$ 0.00	SUBTOTAL: RIGHT COLUMN			\$ 1,100.00	SUBMITTED BY					Complete (if applicable)		Typed or Printed Name		Robert E. 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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.